



September 30, 2025

Colorado Prescription Drug Affordability Board
Colorado Division of Insurance
1560 Broadway, Suite 850
Denver, CO 80202

RE: Public Comments on the Final UPL Rulemaking for Enbrel

Dear Members and Staff of the Colorado Prescription Drug Affordability Board:

The Ensuring Access through Collaborative Health (EACH) and Patient Inclusion Council (PIC) is a two-part coalition that unites patient organizations and allied groups (EACH), as well as patients and caregivers (PIC), to advocate for drug affordability policies that benefit patients.

We remain concerned with the implications of setting an upper payment limit (UPL) for Enbrel in Colorado at the Medicare Maximum Fair Price (MFP). We offer the below input and urge the board not to proceed with establishing a UPL for Enbrel due to the potential unintended consequences for patients.

UPLs Do Not Address Patient-Reported Obstacles

Affordability, as patients themselves report, is determined less by the drug's list price and more by insurance design and access to assistance programs. Our [Patient Experience Survey: Prescription Drug Affordability and Unaffordability](#) pilot project confirms that affordability hinges on each individual's unique life circumstances, health burdens, insurance plans, and financial responsibilities, including cumulative costs for all healthcare needs. Results show:

- Patients facing out-of-pocket costs at all levels (from \$10-250+) still described their drugs as unaffordable due to insurance barriers, low income, cumulative costs, and inability to access financial assistance.
- 100% of patients who said they stopped taking a drug due to affordability cited insurance-related reasons: denials, prior authorizations, step therapy, or exclusion of copay assistance on Medicare.
- 75% of patients who skipped or stretched doses also reported at least one instance of care disruption due to insurance delays, not price.
- No individual drug emerged as singularly creating hardship; instead, affordability and access were more directly impacted by insurance coverage and personal life circumstances.

In short, a UPL does not address the real problems patients identify. Instead of layering a new and untested pricing mechanism onto a system already stacked against patients, the board should focus on reforms that tackle these systemic drivers of unaffordability directly.

Promises of Monitoring and Safeguards Are Not Sufficient

We remain deeply concerned that the board is considering moving forward with a UPL before establishing any safeguards or even a framework for monitoring and accountability. Monitoring



the effects of a UPL after implementation is still “flying the plane while building it,” which cannot be a substitute for proactive protections. Patients will bear the immediate consequences of insurer and PBM responses, while any corrective action from the board could take months or years.

Furthermore, we have been discouraged by the lack of due diligence that the board has taken so far in obtaining assurances from insurers and PBMs that UPLs will be implemented into existing plans in a way that will not lead to increased utilization management. The board’s inability to gather even basic feedback from plans and PBMs does not lend confidence in the board’s ability to access the information and input it will need in the future to effectively monitor for negative patient outcomes as a result of UPL implementation.

At a minimum, the board should design and publish for public comment their plan for an accountability and monitoring framework to ensure even the most basic of safeguards are in place before any UPL is implemented.

In addition, we strongly urge the board to advocate for legislative measures to be passed to create protections that can be implemented alongside a UPL. *These should extend across the full therapeutic class, not just the drug subject to the UPL alone.* These protections should:

- Prohibit insurers and PBMs from altering formulary placement of UPL-affected drugs.
- Bar the imposition of new prior authorization or step therapy requirements.
- Prevent non-medical switching of patients who are stable on treatment.

Absent these measures, patients will be subject to the risks of an untested and unproven policy experiment.

Concerns with Application of MFP

We are also troubled by the Board’s reliance on the Medicare MFP as a benchmark. The Medicare population and benefit structure differ significantly from those of Colorado’s commercial and Medicaid populations, making the MFP an inappropriate proxy for state-level affordability. Moreover, the first MFP rates will not take effect until 2026, and their outcomes remain unknown. Defaulting to the MFP avoids the difficult work of establishing an appropriate price for Colorado’s system and patient needs.

Conclusion

The EACH/PIC Coalition shares the board’s commitment to improving drug affordability. We respectfully call on the Colorado PDAB not to move forward with a UPL on Enbrel until more is known about its impacts and until safeguards, monitoring processes, and patient protections are in place.

The board has heard, but so far failed to heed, repeated warnings from patients, patient organizations, hospitals, pharmacies, and providers of potential unintended consequences of implementing a UPL in Colorado. Patients must not bear the burden of policies that are untested, inadequately monitored, and unlikely to address the affordability barriers they actually face.



We thank you for your commitment to drug affordability and stand ready to work with you to design reforms that prioritize patient access and real affordability solutions.

Sincerely,

A handwritten signature in cursive script that reads "Tiffany Westrich-Robertson".

Tiffany Westrich-Robertson
tiffany@aiarthrititis.org
Ensuring Access through Collaborative Health (EACH) Coalition Lead

A handwritten signature in cursive script that reads "Vanessa Lathan".

Vanessa Lathan
vanessa@aiarthrititis.org
Patient Inclusion Council (PIC) Coalition Lead